

Please retain this portion for your records. For billing information.

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

| |
|----------------|
| ACCOUNT BILLED |
| WASATCH COUNTY |

| |
|---------------------------|
| PROJECT NAME |
| WASATCH COUNTY GRAVEL PIT |

| |
|------------|
| PROJECT ID |
| S510010 |

| | | |
|------------|------------|------------|
| DUE DATE | ANNUAL FEE | AMOUNT DUE |
| 11/30/2005 | \$ 150 | \$ 150 |

NEW PERMIT

| |
|-----------------------------|
| TAX ID OR SOCIAL SECURITY # |
| |

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

| | |
|--|-----------------|
| Change of Address | |
| Contact | _____ |
| _____ RECEIVED _____ | |
| Address | _____ |
| _____ NOV 30 2005 _____ | |
| _____ DIV OF OIL GAS & MINING _____ | |
| State | _____ Zip _____ |
| Phone | _____ |

Please make check payable to:
Division of Oil, Gas and Mining